0/6/4845

| PATENT APPLICATION FEE DETERMINATION RECOR | | | | 10614845 | | | | |
|--|-----------------------------------|---------------------------|--|------------------------|-------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| TOTAL CLAIMS | 32 | (Colosiul a) | RATI | E FEE | | RATE | FEE | |
| FOR | NUMBER FILED | NUMBER EXTRA | BASIC | EE 375.00 | OR | BASIC FEE | 750.00 | |
| TOTAL CHARGEABLE CLAIMS | 3 4 minus 20= | 14 | X\$ 9 | = 126 | OR | X\$18= | | |
| INDEPENDENT CLAIMS | 2 minus 3 = | | X42: | • | OR | X84= | | |
| MULTIPLE DEPENDENT CLAIM P | RESENT | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | +140 | | OR | +280= | | |
| . ~ | | | TOTA | r ROT | OR | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | SMAI | LL ENTITY | OR | SMALL | | |
| CLAMS REMAINING AFTER AMENDMENT | HIGHE NUMB PREVIO PAID F | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENDMENT Total • 60 Independent • 4 | Minus ++ 6 | þ. - M | . X\$ 9 | - | OR | X\$18= | | |
| independent * 4 | Minus *** | 9 - 9 | X42- | 2 | OR | X84= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +140 | _ | OR | +280= | • | |
| 4 0 | | | 101 | | | TOTAL | | |
| 1,3009 (Calumn 1) | · | | ADDIT. F | EE | OR | ADDIT. FEE | _ | |
| CLAIMS | (Colum HiGHE | ST | | ADDI- | | | ADDI- | |
| REMAINING AFTER AMENDMENT Total * 60; Independent * 4 | NUMB PREVIO PAID F | USLY EXTRA | FLATE | | | RATE | TIONAL | |
| Total # 60 | Minus •• 3 | 4 = | X\$ 9: | = 234 | OR | X\$18= | | |
| Independent • 4 FIRST PRESENTATION OF M | Minus *** | 3 - / | X42= | : 43.W | ŌЯ | X84= | | |
| II , | · | OCTAIN | +140 | 3 | OR | +280= | | |
| 18/16 | | | ADDIT, F | | OR | TOTAL ADDIT, FEE | | |
| (Column 1) | (Colum | in 2) (Column 3) | | | | | | |
| CLAMS REMAINING AFTER AMENDMENT Total Independent • CLAMS REMAINING AFTER AMENDMENT Total | HIGHE NUMB PREVIO PAID F | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • CAMO | Minus ** | | X\$ 9- | | OR | X\$18= | | |
| Independent • Juli | Minus | • | X42= | | | X84= | | |
| FIRST PRESENTATION OF M | ULTIPLE DEPENDENT | CLAIM | - | | OR | | | |
| f little sets in setume 4 is less from | he authoria est a | W in enhance 2 | +140= | | OR | +280= | | |
| If the entry in column 1 is less than t If the "Highest Number Previously P "If the "Highest Number Previously P | aid For IN THIS SPACE is | less than 20, enter "20." | ADDIT, FI | | OR | TOTAL ADDIT. FEE | · | |
| The "Highest Number Previously Pa | | | found in the | appropriate box | in co | lumn 1. | | |

FORM PTO-875 (Rev. 12/02)

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